

28 June 2017

Agenda Item:

## **REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION**

### **BETTER CARE FUND PERFORMANCE AND 2017-19 PLAN**

#### **Purpose of the Report**

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:
  - 1.1. Approve the Q4 2016/17 national quarterly performance report.
  - 1.2. Approve the approach to the allocation of Improved Better Care Fund resource. The BCF plan will follow for approval in September once planning guidance has been published and the Improved Better Care Fund allocations will be confirmed at this time. If the planning guidance requires an adjustment to this approach, then we will respond appropriately with delegated authority for the Corporate Director ASCH&PP in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.
  - 1.3. Approve the direction of travel for Nottinghamshire BCF Graduation with delegated authority for the Corporate Director ASCH&PP in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.

#### **Information and Advice**

##### **Performance Update and National Reporting**

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Steering Group.
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q4 2016/17.
4. This update also includes the Q4 2016/17 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.
5. Q4 2016/17 performance metrics are shown in Table 1 below.
  - 5.1. Two indicators are on track
  - 5.2. Four indicators are off track and actions are in place

Table 1: Performance against BCF performance metrics

REF	Indicator	2016/17 Target	2016/17 (to date)	RAG and trend	Trend	Summary of mitigating actions
BCF1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	19,707 Q4	22,333 (proxy) Q4	R ↑		A&E Improvement Plans are in place in the three planning units. These plans form part of Winter Plans.
BCF2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	578.9	583	A ↓		Target not achieved but 2016/17 baseline maintained.
BCF3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	91.2%	80.04% YTD	R ↓		Additional services included in performance monitoring. The START service are maintaining performance at 91.4% (as measured in 2015/16).
BCF4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,101.5 Q4	756.28 Q4	G ↑		Growth at NUH relates to an increase in health DTOCs and occurred as NUH switched from a paper based system to using Nerve Centre as the method of coding with social care colleagues in July. An action plan is in place to address this.
BCF5	BCF5: Question 32 from the GP Patient Survey: In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)	65.4%	64.4% (July)	R ↔		This indicator is reported as part of a suite of indicators to measure citizen experience. A review of metrics is taking place to inform planning for 2017/19 plans.
BCF6	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	34%	22.9%	G ↑		

6. Reconciliation of Q4 2016/17 spend is complete. Expenditure is broadly on target with some in year slippage. An underspend of £1,777,420 materialised in 2016/17:
  - 6.1. £1,600,815 in the Care Act allocation. Spend will be carried forward to 2017/18 to be spent within this ring-fenced element of the fund. The Adult Social Care and Health Committee have approved recommendations at their meeting on 12 September 2016. Schemes and details on when funding will be transacted are contained within this report.
  - 6.2. £191,000 in scheme D (support to social care). The underspend was reallocated to scheme C (reducing non-elective admissions) within the 2016/17 financial year.
  - 6.3. £176,604 in scheme O (support for carers). Spend will be carried forward to 2017/18 to be spent within this ring-fenced element of the fund.
7. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

*Table 2: Risk Register*

<b>Risk id</b>	<b>Risk description</b>	<b>Residual score</b>	<b>Mitigating actions</b>
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	16	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Steering Group (currently only for activity in Nottinghamshire CCGs). Oversight by A&E Delivery Boards.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision is destabilised.	16	Monthly monitoring through A&E Delivery Boards and Transformation Boards. Workforce and organisational development identified as a Sustainability and Transformation Plan (STP) priority.

8. As agreed at the meeting on 7 October 2015, the Q4 2016/17 national report was submitted to NHS England on 31 May pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved by the BCF Steering Group. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.
9. Further national reporting is due on a quarterly interval with dates to be confirmed.

### **Better Care Fund 2017-19**

10. The Better Care Fund Policy Framework for 2017-19 has been published but we are awaiting detailed planning guidance. The submission timetable will be published as soon as

publication dates are clear – it is anticipated that the 2017-19 plan will be approved at the September Board.

11. The Spending Reviews of 2015 and 2017 identified new money for adult social care in the form of the "improved" Better Care Fund. This new element of the Better Care Fund is to be paid directly to local authorities for adult social care - amounting to £2.6bn by the end of the Parliament. In Nottinghamshire the grant will provide an additional £64.13m over three years - with £16.06m in 2017/18, £21.56m in 2018/19 and £26.51m in 2019/20. The additional money announced is temporary.
12. The Council has developed proposals for allocation of the additional funding from a series of discussions with senior managers in Adult Social Care and Health, as well as members of the Corporate Leadership Team, within a challenging timescale. At a high level these have been discussed with key partners in health and the lead Members of the new administration, following the local elections in May.
13. The proposed plans for the additional money have been based on:
  - the need to meet the grant conditions
  - maintaining and improving performance of adult social care services
  - meeting targets in the Improved BCF and the High Impact Change Model
  - dealing with some of the current resource and performance risk areas
  - reducing dependence on Council reserves next year
  - offsetting some very challenging savings targets.
14. Planning for use of the additional money has also taken into account the principles of the Council's Adult Social Care Strategy, as well as ongoing work to support current programmes focused on the transformation of social care provision and the delivery of savings targets identified over the last few years. The Adult Social Care Strategy seeks to manage demand and cost by:
  - promoting independence and wellbeing
  - ensuring value for money, and
  - promoting choice and control.
15. The Adult Social Care Strategy has sought to provide a legal and ethical framework for delivering sustainable savings in response to unprecedented reductions in central government funding. It is intended to protect support for people with the highest long term needs and lowest incomes, while encouraging other people to be more independent through offering alternatives to social care support or short term support to enable a return to independence. The County Council is approaching a savings target of £100 million from its adult social care budget (from 2011/12-2019/20).
16. Table 3 below summarises the proposals for the allocation of the existing Improved Better Care Fund and the new element of the Improved Better Care Fund in 2017/18. This amounts to £16.06m for 2017/18. A number of the areas of activity with funding requests will also have funding requirements in the following 2 years that the temporary funding is available.
17. The Board are requested to approve the approach to the allocation of Improved Better Care Fund resource prior to the approval of the BCF Plan at the September meeting to ensure that resources are deployed as soon as possible; the Adult Social Care and Public Health Committee will approve the specific expenditure and establishment of posts at their July

meeting. The posts identified in the table below will be funded from the Improved Better Care Fund for the next 3 years (unless otherwise stated), during which time the Council would reasonably anticipate further national announcements on the future of adult social care funding.

*Table 3: Improved Better Care Fund*

<b>Activity</b>	<b>Description/rationale</b>	<b>Approximate funding requirement 2017/18</b>
Enhanced capacity to support Team Managers to meet new statutory obligations and staff to undertake complex care assessments, and capacity to undertake a review of the assessment and care management structure.	<p>An additional 4 peripatetic FTE Team Managers across the county will create the capacity to support managers with growing areas of responsibility e.g. DoLs authorisations, Safeguarding audit work and the new competency framework.</p> <p>Enhanced staffing capacity is required to meet statutory duties relating to areas of work where there is increasing demand and pressures on current staffing due to the complexity of work involved. These are Community Deprivation of Liberty Safeguards, Care and Treatment Reviews, increased safeguarding referrals and investigations, and Advanced Mental Health Practitioner assessments. This constitutes 9.3 FTE Social Workers, 2 FTE AMHPs and 2 0.5 FTE Team Manager posts.</p> <p>Temporary funding over a two year period will also enable a review of resources, capacity, pressures and activity to inform a future structure for the whole of assessment and care management staffing.</p>	<p>£384,000 (pro rata. Full year effect £768,000)</p> <p>£40,000 (pro-rata. Full year effect £80,000)</p>
Demand in younger adults' services	This is a known budget pressure, resulting from increased demand for care and support services. There is a demographic pressure related to people with complex health and social care needs being supported to live independently in the community.	£3.368m (Full year effect)
Implementation of safeguarding audits	Capacity is required to support new work to be introduced as a result of the independent safeguarding audit review. This constitutes 1 FTE Designated Adult Safeguarding Manager, and 1 FTE Business Support Officer.	£40,000 (pro rata. Full year effect £80,000)
Enhanced staffing capacity in the Adult Access Service	To support transformation at the point of contact with the Council, especially development of the 3 tier model. The aim of this model is to resolve enquiries at the earliest possible stage by connecting people to existing community resources or short-term support that avoids or delays the need for long-term packages of care. This requires 1 Advanced Social Work Practitioner, 1 Social Worker and 2 Community Care officers.	£123,000 (pro rata. Full year effect £262,000)
Immediate capacity at Adult Access Service to support auto-scheduling work	The proposal is for 2 Community Care Officers in Adult Access Service to absorb general work and allow additional capacity to support auto-scheduling.	£33,000 (pro rata. Full year effect £66,000)

Activity	Description/rationale	Approximate funding requirement 2017/18
Pressures on transport budget	An appropriate budget for service user transport is required to allow people to access services that help them to remain at home and in their communities, e.g. day services, respite care. Historically there has not been sufficient funding to meet need.	£478,000 (Full year effect)
Continued investment in prevention services	These are a critical component of the Adult Social Care Strategy. Currently services are supported via the Public Health grant, however the outcomes of the services are more closely aligned to adult social care priorities, and do not meet the conditions for expenditure from Public Health. The funding proposal relates to Notts Help Yourself (£7,700), Connect service (£200,000), ASCH Co-production team (£206,000) and Moving Forward (£800,000).	£1.214m (Full year effect)
Strategic change programmes to deliver social care in line with the Adult Social Care Strategy and the Sustainability and Transformation Plan	<p>There are a number of posts agreed at previous committees in order to support the implementation of current savings programmes and transformation plans in adult social care. In 2017/18 the Adult Social Care budget includes £6.8m of recurrent permanent savings; the current savings target by 2019/20 is £16.84m. These posts are essential to delivery of these savings and closing the Council's long term funding gap. The posts include frontline social work practitioners, finance officers and project and programme management capacity supporting the transformation of adult social care. The funding for all the current posts is £2.4m in 2017/18 but the intention is to fund these posts, for the most part, from the Improved Better Care Fund in 2017/18. The posts are temporary and are subject to review, as they are aligned to the delivery of a range of savings projects.</p> <p>In addition, there is some funding required in areas that support savings and transformation in adult social care, including the system review to align the Council's information systems.</p>	£2.0m
Increased social work capacity based at hospitals due to increased demand	To maintain and increase permanent social work assessment and management capacity to support hospital discharge and 'ward linked cluster' models across the county. This includes posts that Clinical Commissioning Groups are no longer planning to fund. This funding will provide a social presence in emergency departments and weekend working, and will have an impact on the high profile issue of Delayed Transfers of Care with the aim of keeping these to the minimum.	<p>£782,130 (total for county)</p> <p>South - £396,000 Mid - £200,500 North - £185,000)</p>
New Models of Care –new types of social care services required	There is a need to increase capacity on a permanent basis to allow both older and younger adults to have more access to reablement services. This will help service users to have access earlier to support to	<p>£1.45m</p> <p>(£950,000 per annum - required for START re-</p>

Activity	Description/rationale	Approximate funding requirement 2017/18
to support Home First, Discharge to assess models	<p>regain or gain independence, will reduce the number of people who require hospital admission and ensure that more people are able to leave hospital in a more timely fashion.</p> <p>This proposal will support Home First and Discharge to Assess models that require rapid response health and social care services to enable people to leave hospital and return home or if not possible, go to a short or long term residential placement to have their health and social care and support needs assessed. This will support people to maximise their independence and prevent the need for admissions.</p>	ablement to be able to meet existing unmet demand from hospitals and the community and provide same/next day response including weekends, and £500,000 for Notts Enabling Service and Brighter Futures – promoting independence for vulnerable people)
Implementation of an Information Technology project to improve exchange of information and speed up decision making and processes across health and social care	An exploratory joint countywide IT project has devised a simple way of accessing key information for health and social care professionals from each other's systems. For example, to establish if there is existing GP input or a social care and support package in place. This can be used to speed up the work of staff in Emergency Departments and Discharge Teams and shows high potential for significant savings of staff time e.g. sharing up-to-date information on a person's progress through hospital and predicted date of discharge. The funding would be required for 3 years.	£345,000 (Full year effect)
National Living Wage increases and inflation relating to the social care market	This is a known budget pressure, relating to ensuring sustainability and stability of the social care market.	£5.645m (Full year effect)
Capacity in the Quality and Market Management team	This is to deal with quality issues relating to home care, residential and nursing home care and safeguarding concerns. It constitutes 4 Quality Development Officers.	£80,000 (pro rata. Full year effect £160,000)
Increased capacity in Strategic Commissioning to provide oversight of Direct Payments	This would enable capacity in the oversight and delivery of Direct Payments (DP) and would enable monitoring of the effective use of Direct Payments to ensure value for money, and to prevent the need for significant annual recoups. This constitutes 2 DP Quality Development Officers and 1 DP Co-ordinator on a permanent basis, with an additional Commissioning Officer from 2018/19.	£80,546 (pro rata. Full year effect £159,471)

## BCF Graduation

18. The Government's Spending Review 2015 set out that "areas will be able to graduate from the existing Better Care Fund (BCF) programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution."

19. It is the Government's ambition that all areas will be able to work towards graduation from the BCF to be more fully integrated by 2020, with areas approved in waves as they demonstrate maturity and progress towards greater integration. The BCF Policy Framework for 2017-19 outlined the graduation criteria with a deadline for expressions of interest by 28<sup>th</sup> April 2017 for a small number of advanced areas (6-10).
20. Graduation will mean that there will be reduced planning and reporting requirements and greater local freedoms to develop agreements appropriate to a more mature system of health and social care integration. This will include a bespoke support offer for areas that graduate, in addition to them no longer being required to submit BCF plans and quarterly reports.
21. Discussions have taken place at an officer level to determine whether Nottinghamshire meets the graduation criteria and advice was sought from the regional Better Care Manager at NHS England.
22. Officers have determined that Nottinghamshire meets the requirements, and were advised by our regional Better Care Manager that our expression of interest would be strengthened by making a joint proposal for graduation with the Nottingham City BCF.
23. Tentative discussions have taken place between officers in Nottingham and Nottinghamshire who advise that a joint graduation with Nottingham fits with the strategic direction of travel in south Nottinghamshire through the work taking place with the Greater Nottingham Health and Care Partners.
24. Due to the impending deadline, an officer expression of interest was made for Nottingham and Nottinghamshire BCF graduation with the caveat that this was subject to member approval and further information about the graduation process.

### **Other options**

25. None.

### **Reasons for Recommendations**

26. To ensure the HWB has oversight of progress with the BCF plan and can discharge its national obligations for reporting.

### **Statutory and Policy Implications**

27. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**



28. There was in year variance on the financial plan that the HWB have approved. A full year underspend of £1.777m was reported for 2016/17: £1.601m in the Care Act allocation, and £0.177m to support carers. Spend will be carried forward to 2017/18 to be spent within these ring-fenced element of the fund.
29. Table 3 shows the full allocation of the original and the additional Improved Better Care Fund money for 2017/18. These schemes will be monitored in year alongside the Better Care Fund schemes.

### **Human Resources Implications**

30. There are no Human Resources implications contained within the content of this report.

### **Legal Implications**

31. The Care Act facilitates the establishment of the BCF by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

## **RECOMMENDATIONS**

That the Board:

1. Approve the Q4 2016/17 national quarterly performance report.
2. Approve the approach to the allocation of Improved Better Care Fund resource. The BCF plan will follow for approval in September once planning guidance has been published and the Improved Better Care Fund allocations will be confirmed at this time. If the planning guidance requires an adjustment to this approach, then we will respond appropriately with delegated authority for the Corporate Director ASCH&PP in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.
3. Approve the direction of travel for Nottinghamshire BCF Graduation with delegated authority for the Corporate Director ASCH&PP in consultation with the Chair and Vice Chair to act on behalf of the Board in this matter.

**David Pearson**

**Corporate Director, Adult Social Care, Health and Public Protection, Nottinghamshire County Council**

**For any enquiries about this report please contact:**

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### **Constitutional Comments (SMG 20/6/2017)**

32. The Board has responsibility for discussing all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health. The proposals outlined in this report fall within the remit of this Board.

## **Financial Comments (KAS 20/06/2017)**

33. The financial implications are contained within paragraphs 28 and 29 of the report.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16”.  
<http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf>
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government “Better Care Fund 2016-17”
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/490559/BCF\\_Policy\\_Framework\\_2016-17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf)
- Better Care Fund Performance and Update 2 March 2016
- Better Care Fund 2016/17 Plan 6 April 2016
- Better Care Fund Performance and Update 6 June 2016
- Better Care Fund Performance, 2016/17 plan and update 7 September 2016
- Better Care Fund Performance 7 December 2016
- Better Care Fund Performance March 2017

## **Electoral Divisions and Members Affected**

- All.

## Appendix 1

<b>Q4 2016/17</b>	
<b>Health and Well Being Board</b>	<b>Nottinghamshire</b>
<b>completed by:</b>	Joanna Cooper
<b>E-Mail:</b>	joanna.cooper@nottscc.gov.uk
<b>Contact Number:</b>	01159773577
<b>Who has signed off the report on behalf of the Health and Well Being Board:</b>	TBC

### Budget Arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
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### National Conditions

The Spending Round established six national conditions for access to the Fund.																
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.																
Condition	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in- line with signed off plan) and how this is being addressed?											
1) Plans to be jointly agreed	Yes	Yes	Yes	Yes												
2) Maintain provision of social care services	Yes	Yes	Yes	Yes												
3) In respect of 7 Day Services - please confirm:																

i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes	Yes	Yes	
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes	Yes	Yes	Yes	
4) In respect of Data Sharing - please confirm:					
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes	Yes	Yes	
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes	Yes	Yes	
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes	Yes	Yes	
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes	Yes	Yes	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes	Yes	Yes	
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes	Yes	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes	Yes	Yes	

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

**Income**

**Previously returned data:**

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	
	Actual*	£14,026,504	£14,026,505	£14,026,507	-		

**Q4 2016/17 Amended Data:**

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	
	Actual*	£14,026,504	£14,026,505	£14,026,507	£14,026,508	£56,106,024	
Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	N/A						

**Expenditure**

**Previously returned data:**

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£12,467,762	£12,124,184	£17,466,983	£14,047,095	£56,106,024	

total pooled fund)	Actual*	£12,467,762	£12,124,184	£17,466,983	-
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**Q4 2016/17 Amended Data:**

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£14,026,504	£14,026,507	£14,026,507	£14,026,506	£56,106,024	£56,106,024
	Forecast	£12,467,762	£12,124,184	£17,466,983	£14,047,095	£56,106,024	
	Actual*	£12,467,762	£12,124,184	£17,466,983	£14,047,095	£56,106,024	
Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund							
Commentary on progress against financial plan:	Below plan with internal approval for carry forward of £1.37m Care Act Implementation funding to 2017/18. This is due to underspends on staffing as not all staff were in post at the start of the year. This will be retained within the pooled fund. All other elements are anticipating full spend for 2016/17						

**National and locally defined metrics**

<b>Non-Elective Admissions</b>	Reduction in non-elective admissions	
Please provide an update on indicative progress against the metric?	No improvement in performance	
Commentary on progress:	Overall performance below target and deteriorated on Q3.	
<b>Delayed Transfers of Care</b>	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	
Please provide an update on indicative progress against the metric?	On track to meet target	
Commentary on progress:	Overall performance on track.	

<b>Local performance metric as described in your approved BCF plan</b>	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	
Please provide an update on indicative progress against the metric?	On track to meet target	
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target.	
<b>Local defined patient experience metric as described in your approved BCF plan</b>	GP Patient Survey, Q32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.	
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.		
Please provide an update on indicative progress against the metric?	No improvement in performance	
Commentary on progress:	Latest survey data shows no change in performance. This metric is measured alongside satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan.	
<b>Admissions to residential care</b>	Rate of permanent admissions to residential care per 100,000 population (65+)	
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target	
Commentary on progress:	Overall performance on track and continual improvement on placements remaining under target.	
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Please provide an update on indicative progress against the metric?	No improvement in performance	
Commentary on progress:	Overall performance below target. New data collection methodology in place for 16/17 and discrepancies are being addressed with individual service areas.	

## Year End Feedback on the Better Care Fund in 2016-17

<b>Part 1: Delivery of the Better Care Fund</b>		
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.		
Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Partners agreed this at our 2016/17 evaluation event.
2. Our BCF schemes were implemented as planned in 2016/17	Agree	Majority of programme delivered as planned, some rephasing of initiatives in year.
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	Agree	BCF programme evaluated positively.
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Avoided admissions attributable to initiatives across the system including BCF schemes, however challenges remain.
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Reductions in DTOCs seen over the year. Reductions attributable to initiatives across the system including BCF schemes.
6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Funding has enabled performance levels to be maintained. A wider scope of services has been included in the measurement of this metric for 2016/17.
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Reductions in care home admissions seen over the year. Reductions attributable to initiatives across the system including BCF schemes.

  

<b>Part 2: Successes and Challenges</b>
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately



8. What have been your greatest successes in delivering your BCF plan for 2016-17?	Response - Please detail your greatest <b>successes</b>	Response category:
Success 1	<ul style="list-style-type: none"> <li>o Good progress on this domain.</li> <li>o Good stakeholder engagement and clinical buy in.</li> <li>o Processes and systems in place for sharing information for health direct care.</li> </ul>	7. Digital interoperability and sharing data
Success 2	<ul style="list-style-type: none"> <li>o Work in development and mid Nottinghamshire Better Together Vanguard leading nationally on this area.</li> <li>o Risk stratification tools embedded in practice.</li> <li>o Providers are engaged at a local level. For example, the Integrated Care Board in North Nottinghamshire has tasked providers with working together to develop a system wide outcome focussed falls pathway for 16/17.</li> <li>o A better understanding of what funding is spent on.</li> </ul>	9. Sharing risks and benefits
Success 3	<ul style="list-style-type: none"> <li>o HWB engagement is good.</li> <li>o Relationships between commissioners improved and has led to the development of other initiatives.</li> <li>o Information sharing across units of planning to spread best practice within Nottinghamshire and scale up initiatives.</li> <li>o Strong governance in place which received substantial assurance from internal audit.</li> <li>o Patient engagement and evaluation of services embedded in commissioning.</li> <li>o Better understanding of stakeholder work areas, e.g. housing and health – this is leading to more collaboration, for example in Mid Notts one of the district councils' housing team is in-reaching to the hospital to facilitate discharge and this is linking to STP housing and environment workstream.</li> <li>o Links in place between BCF and relevant workstreams.</li> </ul>	2. Shared leadership and governance
9. What have been your greatest challenges in delivering your BCF plan for 2016-17?	Response - Please detail your greatest <b>challenges</b>	Response category:
Challenge 1	<ul style="list-style-type: none"> <li>• Further develop relationships with providers and district councils to ensure that information is understood and filters through these organisations.</li> </ul>	2. Shared leadership and governance
Challenge 2	<ul style="list-style-type: none"> <li>• Further progress needed on procurement processes to enable smaller providers to engage fully in the developing market. It was recognised that as we scale up initiatives, this increases the risk of excluding providers.</li> </ul>	9. Sharing risks and benefits
Challenge 3	<ul style="list-style-type: none"> <li>• Work to evaluate outcomes at a programme / pathway level is needed with reference to the impacts on health and care commissioners and providers.</li> </ul>	5. Evidencing impact and measuring success

## Additional Measures

### **1. Proposed Metric: Use of NHS number as primary identifier across care settings**

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

### **2. Proposed Metric: Availability of Open APIs across care settings**

*Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)*

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution

From Mental Health	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution

*In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations*

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Installed (not live)	Installed (not live)	Installed (not live)	Unavailable	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/10/17	01/10/17	N.A	N.A	N.A	N.A

### **3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?**

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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### **4. Proposed Metric: Number of Personal Health Budgets per 100,000 population**

Total number of PHBs in place at the end of the quarter	881
Rate per 100,000 population	108
Number of new PHBs put in place during the quarter	791
Number of existing PHBs stopped during the quarter	3
Of <b>all</b> residents using PHBs at the <b>end</b> of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	13%
Population (Mid 2017)	815,368

## 5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - throughout the Health and Wellbeing Board area

### Narrative

Please provide a brief narrative on overall progress, reflecting on performance in Q4 16/17 and the year as a whole. A recommendation would be to offer a narrative around the stocktake themes as below:

#### **Highlights and successes**

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

#### **Challenges and concerns**

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

#### **Potential actions and support**

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

#### **Highlights and successes**

In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q4, 2 performance metrics are on plan, and 4 off plan (non-elective admissions, reablement, care home admissions (with baseline maintained) and GP patient satisfaction survey – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).

The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and

voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.

#### Challenges and concerns

Data sharing is a key strand to our Local Digital Roadmap and Sustainability and Transformation Plan. Additional funding is being sought to support implementation of the plan.

Our bid to become an Integrated Personal Commissioning early adopter has been approved by NHS England and work is underway to develop the approach.

#### Potential actions and support

Support from NHS England is needed to access BCF data to support monitoring of non-elective admissions at a local level.